Mr & Mrs J Breeds

Rottingdean Nursing and Care Home

Inspection report

30-32 Newlands Road, Rottingdean, Brighton,
East Sussex BN2 7GD
Tel: 01273 308073

Date of inspection visit: 6 October 2015
Date of publication: 06/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 6 October 2015. Rottingdean Nursing and Care Home was last inspected on 4 June 2014 and no concerns were identified. Rottingdean Nursing and Care Home is located in the village of Rottingdean near to Brighton and provides accommodation for up to 35 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia, and some who had complex health needs and required end of life care. The service is across three floors. On the day of our inspection, there were 33 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. However, after

Summary of findings

reviewing training records, we saw that twelve ancillary staff had not received training around safeguarding and recognising abuse. We identified this as an area of practice that needs improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I always feel safe and looked after, I have no worries about that". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as caring for people with dementia, wound management, and palliative (end of life) care. People felt the staff were well trained and responded to their needs. A relative told, "I am never concerned about the staff or the nursing aspect of [my relative's] care. They are all really on the ball regarding [my relative's] needs". Staff had received both one to one and group supervision meetings with their managers, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "There's always a choice of two meals. It's good". People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission.

Health care was accessible for people and appointments were made for regular check-ups as needed. A relative told us, "They will always let us know if they have to call the doctor or [my relative's] medication has changed, they really keep in touch with us, we never have to worry, as they are good at picking up on things".

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts, church visits and trips to the shops. People were encouraged to stay in touch with their families and receive visitors. A relative told us, "I was concerned that [my relative] was isolating themselves as they spent so much time in their room. I know now that the activities co-ordinator visits people in their rooms and I was pleased when I visited recently and they were sitting with [my relative]".

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. A relative told us, "We are often here and I think the staff just forget we are in the room. I've always been impressed with how caring they are". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. A relative said, "They encourage me to speak directly with the managers' about and concerns or niggles I might have".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers and senior staff were always available to discuss suggestions and address problems or concerns. A member of staff said, "I'm really proud of what we've achieved. The staff are a fantastic team who make the place feel really homely for the residents".

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Care staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place. However, not all staff who had regular contact with people had received training around safeguarding adults.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, the privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences.

Comments and compliments were monitored and complaints acted upon in a timely manner. People and their relatives were asked for their views about the service through questionnaires and surveys.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Rottingdean Nursing and Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 October 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors undertook this inspection. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not request the provider to complete a Provider Information Request (PIR) because we completed the inspection earlier than originally planned. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, three staff files and other records relating to the management of the service, such as complaints, accident/ incident recording and audit documentation. We also 'pathway tracked' several people living at Rottingdean Nursing and Care Home. This is when we followed the care and support a person receives and what is documented about their needs and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. Several people had complex health needs and some were living with dementia. During our inspection, we spoke with seven people living at the service, three visiting relatives, three care staff, the cook, a registered nurse, the deputy manager and the registered manager.

Requires improvement

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I always feel safe and looked after, I have no worries about that". Another person said, "I feel safe here. The staff are always quick to answer the call bell if I press it, they are all very good". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. However, after reviewing training records, we saw that twelve ancillary staff had not received training around safeguarding and recognising abuse. We raised this with the registered manager who told us, "I'm confident that these staff would know about safeguarding and recognise abuse. The last manager didn't send these staff on safeguarding training. We should have picked this up". On the day of our inspection, the registered manager confirmed that all these staff had subsequently been scheduled to attend safeguarding training.

Despite not providing direct care, these members of staff had regular contact with people and other staff. This placed people at potential risk as these staff may not have been able to recognise the signs of abuse and know what procedures to follow should abuse be taking place. We have identified this as an area of practice that needs improvement.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. For example, a Waterlow risk assessment was carried out for people who were at risk of developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk, for example, ensuring that the correct mattress is made available to support pressure area care. We saw safe care practices taking place, such as staff transferring people from their wheelchair to armchair and assisting them to mobilise around the service.

We spoke with staff, the deputy manager and registered manager about the need to balance minimising risk for people and ensuring they were enabled to maintain some independence and try new experiences. The registered manager said, "Risk assessments are in place and they are reviewed monthly, or when people's needs change. For example, we have residents who like to walk around the garden. We don't want to stop them, so we assess it to make sure it is safe". One person said, "I like to go out in the garden, or for a walk down the road, I know I'm alright to do this".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed monthly, or when the needs of people changed to ensure people's safety. A member of staff told us, "We use a dependency tool to determine that we have enough staff on duty and recruited". They added, "When staff call in sick, we contact other staff to see if they can cover, and we would use agency staff if required". We saw that systems were in place to manage planned absences, such as annual leave. Feedback from people and staff also indicated they felt that there were enough staff and our own observations supported this. One person told us, "I think there are enough staff. They do come quickly if I call them". A member of staff added, "There are enough staff at the moment and I would like to see this level maintained".

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Requires improvement

Is the service safe?

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, “They always ask me if I’m in pain, and if I am they give me a tablet. This gives me peace of mind as I’m frightened of being in pain”. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met by staff who were well trained. One person told us, "They all seem to know what they are doing, I think it's alright here". Another person said, "I think they are very well trained". A relative added, "I am never concerned about the staff or the nursing aspect of [my relative's] care. They are all really on the ball regarding [my relative's] needs".

Staff had received training in caring for people, for example in food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were assessed as competent to work unsupervised. They also received training specific to people's needs, for example around caring for people with dementia, pressure care, diabetes and palliative care (end of life). Staff gave us a further example whereby staff received specific training around campylobacter in order to manage a person particular condition (campylobacter is a bacteria that causes food poisoning). The registered manager told us, "We have in house training and also use the training provided by the Local Authority. We support staff on their induction and they have supernumerary time to learn". They added, "There are additional training opportunities, and staff are encouraged to carry out NVQ (National Vocational Qualification) training and the care certificate". One member of staff told us, "I am studying for my NVQ 2. I get given enough time to study and can go to anyone here for support".

Staff received support and professional development to assist them to develop in their roles, Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. A registered nurse told us, "I find supervision particularly useful for discussing training needs and to keep informed of best practice".

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. One member of staff told us, "I am aware of the MCA and have had training. I would always ask for someone's consent before I carried out any care". The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff told us they explained the person's care to them and gained consent before carrying out care. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. DoLS decisions were in place for five people, and applications had been made for several others at the service. The registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference.

We observed lunch. It was relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom. Staff assisted people with their choices and explained what was on the menu. We saw that one person became upset with what they had ordered and was concerned that they would not be able to eat all their food. Staff were respectful and reassured them that they didn't have to eat much if they didn't want to. The person remained upset and a member of staff said, "I'll tell you what, let me and you have lunch together". This visibly pleased the person and the member of staff sat with this person throughout their lunch, ensuring that they were happy and felt better.

People appeared happy with the food and we heard comments such as, "Lamb with mint sauce, that looks good", "Yes it's very nice", and "Very nice lunch today, it's like at Downton Abbey". People were encouraged to be independent throughout the meal and staff were available

Good

Is the service effective?

if people wanted support and extra food, condiments or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People were complimentary about the meals served. One person told us, "There's always a choice of two meals. It's good". A relative added, "We think the food is beautiful". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, "We manage specialist diets and we liaise with speech and language therapists (SALT) and dieticians. We have a person who has a lactose free diet and some who just don't want to eat. All the food is fortified and we support people to eat what they need". The cook told us of the light and pureed diets available. They also told us in detail about the diabetic diets they prepare for people.

Care records showed that when there had been a need identified, referrals had been made to appropriate health professionals. The registered manager told us, "I am confident that staff would report and concerns around people's health to one of the nurses. We monitor people's health closely and recognise signs of pain. We explain any treatments that people might need". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals.

We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. A relative said, "I feel confident that the staff would call the doctor if they were concerned about [my relative]. They always let me know if they are worried". Another relative added, "They will always let us know if they have to call the doctor or [my relative's] medication has changed, they really keep in touch with us, we never have to worry, as they are good at picking up on things". Staff told us, "The GP visits the home weekly and we support people to go to the dentist or attend hospital appointments".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Everyone is very kind here". A relative said, "I think the staff are genuinely kind".

Staff demonstrated a strong commitment to providing compassionate care. From observing staff interactions, it was clear they each had a firm understanding of how best to provide support sensitively and appropriately, and that they knew people well. Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke with people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring and attentive and were seen to continually orientate people to time and place, by reminders of the day and time.

We observed positive interactions with good eye contact and appropriate communication, and staff appeared to enjoy delivering care to people. During the afternoon we observed a member of staff interacting with a person who had suddenly become upset. Their approach was very gentle and they sat and held the person's hand and gave lots of reassurance. After a short while the member of staff started to talk to the person about their personal history, asking them about where they used to work and they were engaged in this conversation for some time. The member of staff was also able to draw other people into the conversation, asking them if they remembered the same things that the person was describing. Before long there was a good conversation and atmosphere happening in the room, with several people sharing their memories. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better, whilst also engaging with others.

During the inspection, staff were respectful when talking with people, calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on people's doors and waiting before entering. We observed people being hoisted from wheelchairs into chairs in the lounge during the morning and afternoon. The staff were efficient and confident in their approach, they were able to reassure people and took care to make sure that people's clothing was arranged to protect their dignity during the manoeuvre. We saw that one person had spilled their drink down the front of their shirt. A member of staff sensitively and quietly suggested that they would go and help them to change into a clean shirt before lunch. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. The registered manager told us, "Staff have training around dignity and empowerment and we routinely observe the way staff talk with residents". A relative added, "Even though [my relative] shares a room, the staff always ensure that they have their privacy".

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were supported to dress in accordance with their lifestyles and preferences, which included for some people wearing jewellery and colour co-ordinated clothing. People were consulted with and encouraged to make decisions about their care. We saw examples where people were given the choice of when to get up and go to bed and what to wear. One person told us, "I choose to spend my days in my bedroom. I'm not a great mixer and I prefer my own space, the staff respect this. They always offer to take me downstairs, but I like my own space". A member of staff said, "I help one resident with their choices of clothes to wear, but because they are non-verbal, I have to watch their facial expressions very carefully to make a judgment about whether I've got it right. I can usually tell quite quickly if I've got it wrong, then I have to offer another option until they are happy". Another member of staff said, "We have residents who choose to stay in their rooms. I always offer them the choice to come out, but if that's what they prefer and what they want, then that's ok".

Visitors were also welcomed throughout our visit. A relative told us, "The home is really welcoming and we are always offered drinks and biscuits or cake". Another relative said, [My relative] has a large family and she has lots of regular visitors. A member of staff added, "We have no restrictions on visitors, this is a really family orientated home".

Good

Is the service responsive?

Our findings

People told us they were listened to and the staff responded to their needs and concerns. A relative told us, "They encourage me to speak directly with the managers' about and concerns or niggles I might have".

There was regular involvement in activities and two specific activity co-ordinators were employed. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia and complex health needs. We saw a varied range of activities on offer, which included singing, exercises, films, arts and crafts, church visits and trips to the shops. The activities that people attended or liked were recorded and the service gained people's feedback, to assist with planning future activities that were relevant and popular.

On the day of the inspection, we saw activities taking place for people. We observed a music and movement session that took place in the lounge. This was led by two members of staff who supported people to join in. There was a warm-up session with music and gentle exercises and then activities using equipment to encourage stretching and movement, followed by ball games. The staff were gentle and encouraging in their approach and helped every person to take part in some way. If people indicated that they did not wish to take part the staff were reassuring that they didn't have to. The staff were knowledgeable about individual needs, for example, ensuring that someone didn't over stretch, as they knew they had a medical issue with their knee. They also reminding someone else to take it slightly more slowly when they were pedalling very enthusiastically, because they knew they had been unwell recently. The staff were enthusiastic, and cheerful throughout the music and movement session, cheering people on when they did well and encouraging people to have a go. People responded well to this and most people did join in. One person was very animated throughout the session and engaged with the scoring when people were throwing balls into a net. Their enjoyment was obvious, and other people also became quite competitive about the scoring. The atmosphere was very positive and there was a lot of laughter and chatting.

People who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. A relative told us, "I was concerned that [my relative] was isolating themselves as they spent so much time in their room. I know now that the activities co-ordinator visits people in their rooms and I was pleased when I visited recently and they were sitting with [my relative]". The activities co-ordinator told us, "We visit people in their rooms every day and build up trust. It's not enough to just get a board game out, you need to interact with people to improve their mood and listen to them". Throughout the day we saw staff taking time to sit with people individually and either have a chat or read with them.

People were supported to maintain their hobbies and interests that were important in their life. The registered manager told us, "There are a lot of people with individual interests. Some of the residents were interested in rugby and another likes to play musical bingo with their husband. We have one resident who likes watching television in their room, but they struggled to see their old television set. We got them a new one as a gift, it's a great big one. We've got fish tanks in the home as well as people said they were interested in them". The activities co-ordinator told us how people were encouraged to knit and make dolls clothes as they had enjoyed doing this before they moved to the service. We were also given an example of a person who routinely did not take part in activities, but had been encouraged to take up sewing as they had done this when they were in the army. We saw that people's cultural and religious beliefs were supported and that regular visits from local churches took place.

Care plans showed people's preferences and needs. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. This information had been drawn together by the person, their family and staff. Two relatives confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Most people we spoke with could not recall contributing to their care plans, however evidence seen in care plans showed that people and their families had been involved. For example, one person's life history described important events in their life, including the weather on their wedding day and it contained photographs of their family. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life.

Good

Is the service responsive?

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one person's care plan explained how staff should encourage them to make choices around their make-up and clothes. Another care plan explained to staff a person's preferences around where they ate their meals and the care staff should provide to keep their skin healthy.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint a reminder was given to staff in respect to the correct bins to use to dispose of aprons and gloves. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered. There were also systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "I never hear any of the staff moan, they all get in well with each other". A member of staff said, "The manager has an open door policy, we can go to her with any problems at any time". All the staff we spoke with told us they would be happy to have a member of their family live at the home.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "The ethos of this home is around teamwork, valuing individuality, promoting independence and developing staff". A member of staff said, "I'm really proud of what we've achieved. The staff are a fantastic team who make the place feel really homely for the residents". Another added, "I love it here. Everybody is so friendly. I love this job, I really enjoy it. I think the staff are all quite happy. The atmosphere is really good".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "Teamwork is strong, we support each other. I have an open door policy and staff can always ask for a hand". They added, "I have a laid back management style, and I want staff to approach me. I have a day to day understanding what goes on". Staff said they felt well supported within their roles, knew what was expected of them and described an 'open door' management approach. One said, "Staff work closely together on the floor at all times, we are all confident and know what is expected in our roles". Another said, "[The registered manager] is brilliant, I can approach her with anything".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I'm approachable. Myself and the deputy manager work on the floor with staff. Management is always visible". There was a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. One member of staff told us, "We use handover meetings to inform colleagues of any changes or preferences that people might express, so that other staff are aware and the care can be changed accordingly". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The staff I work with are amazing, they really support each other". Another said, "There is good communication between staff, which ensures that changing needs are identified quickly and care plans can be adjusted".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, changes were made to a person's care plan to ensure that staff assisted them to bed before they became too tired. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care plans and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager informed us that they attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance from SCIE (social care Institute of excellence), the RNHA (registered nursing home association), the RCN (royal college of nursing) and the NMC (nursing and midwifery council). We saw that the service also attended local forums and liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.